MEMORIAL
Belleville, Illinois 62226

Outpatient Home Medications, Allergies, Problem List

Home Medications List:

Name	Dose	Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		

Allergies:

_____

Reason for visit: _____

Physician: _____

Surgeries: _____

_____ **works** _____ **lives alone**

_____ **help at home**

Problem List:

YES	NO		YES	NO		YES	NO	
❑	❑	Chest Pain/Angina	❑	❑	Seizures	❑	❑	Dizziness/Fainting
❑	❑	High Blood Pressure	❑	❑	HIV/AIDS	❑	❑	Thyroid Disease
❑	❑	Heart Disease	❑	❑	Hepatitis	❑	❑	Headaches
❑	❑	Heart Attack	❑	❑	Stomach Ulcer	❑	❑	Pregnant
❑	❑	High Cholesterol	❑	❑	Liver Disease			
❑	❑	Pacemaker/Defribrillator	❑	❑	Arthritis			
❑	❑	Peripheral Vascular Disease	❑	❑	Diabetes			
❑	❑	Heart Palpitations	❑	❑	Kidney Stones			
❑	❑	Congestive Heart Failure	❑	❑	Kidney Disease			
❑	❑	Heart Surgery	❑	❑	Blood Clots			
❑	❑	Stroke/CVA/TIA	❑	❑	Cancer			
❑	❑	Osteoporosis	❑	❑	Tuberculosis			
❑	❑	Asthma/COPD	❑	❑	Depression/Anxiety			

Smoker: Current ___ Previous ___

Other (please list below) _____

_____

_____

_____

Recorded By: _____

Date: _____

Do Not Write Below This Line

OPPROBLIST

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CM601−515 R05/14